



COMMONWEALTH of VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF DRINKING WATER

WATERWORKS PERMIT APPLICATION - PART A

Return to Virginia Department of Health _____ Field Office

1. Permit Type: Construction: New _____ Repair _____ Modify _____ Extend _____
Operation: _____ (ownership transfer; facilities in existence)
2. Waterworks Name, if any: _____
State assigned PWS identification number, if any: _____
City/County _____
Water Source: Surface _____ Name _____
Well _____
Purchased _____ From _____
Date Previous Owner
3. Proposed number of connections: _____
4. Description of proposed work (*construction permits*): _____
5. I am associated, directly or indirectly, with the following waterworks (*name and PWS ID*): _____
6. I am aware of needed local government approvals including zoning __ YES __ NO.
7. I am aware that permits may be needed for water withdrawal or waste discharge permits. __ YES __ NO.
8. I have contacted the State Corporation Commission (*community waterworks serving 50+ connections*) __ YES __ NO.
9. Please schedule a Conference for the _____ week of _____, 20 ____.

Applicant Name (Legal owner): _____

Address: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

I hereby certify that by signing and submitting this WATERWORKS PERMIT APPLICATION to the Virginia Department of Health the subject water system is, or shall become a waterworks as defined by Section 12 VAC 5-590-10 of the Virginia *Waterworks Regulations*, and as the waterworks owner I have read and shall comply with the Virginia *Waterworks Regulations*.

Applicant's Signature

Date